

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 27
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00524454 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div>	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination	
Mailing Address 325 SPRINGSIDE DR			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 </div>	
City AKRON	State OH	Zip Code 44333	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">773.30</div>	
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : SE.10704 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 </div>	
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">773.30</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination	
Mailing Address 325 SPRINGSIDE DR			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 </div>	
City AKRON	State OH	Zip Code 44333	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">112.40</div>	
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : SE.10705 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 </div>	
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">112.40</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">885.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016

Signature